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DECLARATION

This application is a Continuation of Application No. PCT/CA97/00264 filed April 23, 1997.

As the below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our names.

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled

COMBINATION THERAPY FOR TREATMENT OF ERECTILE DYSFUNCTION

the specification of which was filed on October 23, 1998 as Serial Number 09/177,711.

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56 and in particular information which has occurred between the filing date of our earlier application and the filing date of this application.

We hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application

<u>9608482</u>	<u>U.K.</u>	<u>04/23/96</u>	Priority
(Number)	(Country)	(Month/Day/Year Filed)	<u>Claimed</u>
			[X] []
			Yes No

Prior U.S. Application

<u>PCT/CA97/00264</u>	<u>U.S.</u>	<u>04/23/97</u>	Priority
(Number)	(Country)	(Month/Day/Year Filed)	<u>Claimed</u>
			[X] []
			Yes No

<u> </u>	<u> </u>	<u> </u>	Priority
(Number)	(Country)	(Month/Day/Year Filed)	<u>Claimed</u>
			[] []
			Yes No

POWER OF ATTORNEY

We hereby appoint Jane Massey Licata (Reg. No. 32,257), Kathleen A. Tyrrell (Reg. No. 38,350), and Laura M. Plunkett (Reg. No. 45,015), all care of the Law Offices of Jane Massey Licata, 66 East Main Street, Marlton, New Jersey, 08053, U.S.A., and Carol Miernicki Steeg (Reg. No. 39,539), and Stephen J. Scribner (Reg. No. 44,452), care of PARTEQ Innovations, Room 1625, Biosciences Complex, Queen's University, Kingston, Ontario K7L 3N6, Canada as our attorneys or agents to prosecute this application, to make alterations and amendments therein, to receive the patent and all correspondence relating to this application, and to transact all business in the United States Patent and Trademark Office connected therewith, and the said attorneys or agents are hereby given full power of substitution and revocation.

Please address all correspondence concerning this application to

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We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful, false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Please type a plus sign (+) inside the box →



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**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/177,711
Filing Date	10/23/98
First Named Inventor	Adams, M.
Group Art Unit	1617
Examiner Name	Wang, S.
Attorney Docket Number	10692V-000210

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

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☒ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name George Hood

Signature

Date December 14, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of forms are submitted.

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